

Office of Statewide Health Planning and Development  
HOSPITAL ANNUAL DISCLOSURE REPORT  
**SUMMARY OF CHANGES**  
FOR REPORT PERIODS ENDED ON OR AFTER JUNE 30, 1999

The 25th year (1999-00) hospital annual reporting requirements have not changed from the previous disclosure cycle.

Minor changes were made, however, in the 23rd year (1997-98) disclosure cycle. The Office added the separate reporting of Capitation Premium Revenue and Reinsurance Recoveries, the listing of Transitional Inpatient Care as provided services, and questions to determine if the disclosure report was completed after an independent financial audit. Hospital Transmittal Letter No. 7, which was issued in December 1996, updated the *Accounting and Reporting Manual for California Hospitals* to reflect these changes.

Hospitals are still required to prepare their Hospital Annual Disclosure Report using Office-approved vendor software. They may elect to transmit their completed report by modem to the Office's Bulletin Board System(BBS) or to submit their completed report to the Office on PC diskette. In January 1996, we announced the availability of Office-developed, complimentary software (BBSUPLD, Version 1.0), which allows hospitals to transmit a data file produced by the vendor software electronically to our BBS. Copies of the upload software are available.

In addition to changing the revision date in the bottom, right-hand corner of each report page to "(6-99)", we made the following changes to the Hospital Annual Disclosure Report:

**Report Page 0 - General Information and Certification**

- Added line 29 to indicate if the disclosure report was completed after an independent financial audit.
- Added line 30 to indicate if the disclosure report reflects audit adjustments made by independent auditor.

**Report Page 2 - Services Inventory**

- Added column 1, lines 107 and 179, to list Transitional Inpatient Care (Acute Beds) and Transitional Inpatient Care (SNF Beds).

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**Report Page 3.3 - Related Hospital Information**

- Changed Item H to clarify that utilization data related to Medicare and Medi-Cal Managed Care are to be included on lines 68 and 69.

**Report Page 4.2 - Ambulatory, Ancillary, and Other Utilization Statistics**

- Changed the standard unit of measure for line 360, Physical Therapy, and line 370, Occupational Therapy, from treatments to sessions.

**Report Page 8 - Statement of Income - Unrestricted Fund**

- Added line 56, Capitation Premium Revenue (credit balance). These amounts were formerly reported on line 55, Contractual Adjustments - HMO/PPO and Other Contracts.

**Report Page 12 - Supplemental Patient Revenue Information**

- Added line 427, Capitation Premium Revenue (credit balance). These amounts were formerly reported on line 425, Contractual Adjustments. This line is valid only for columns 13 and 15, the Other Third Parties payor category, and column 25.

**Report Page 14 - Supplemental Other Operating Revenue Information**

- Added line 196, Reinsurance Recoveries. These amounts were formerly reported on Report Page 8, line 55, Contractual Adjustments - HMO/PPO and Other Contracts; and on Report Page 12, line 425, Contractual Adjustments.